



# Office of the Commissioner of the Revenue

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Commissioner of the Revenue

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City of Falls Church  
300 Park Avenue, Suite #104E  
Falls Church, VA 22046-3301

## Personal Property Disposition Form

### Taxpayer's Information:

Please Print (Last Name) (First Name) (Middle Initial)

This is to certify that on \_\_\_\_\_, I  
(DATE DD/MM/YYYY)

- |   |  |  |                                       |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Moved out of the City of Falls Church. | <input type="checkbox"/> Sold my vehicle.    | <input type="checkbox"/> To an individual. | <input type="checkbox"/> To a dealer. |
| <input type="checkbox"/> Junked my vehicle.                     | <input type="checkbox"/> Traded my vehicle.  | <input type="checkbox"/> In-State          | <input type="checkbox"/> In-State     |
| <input type="checkbox"/> Gave away my vehicle.                  | <input type="checkbox"/> Donated my vehicle. | <input type="checkbox"/> Out-of-State      | <input type="checkbox"/> Out-of-State |
| <input type="checkbox"/> Other (please explain): _____          |  |  |                                       |

- ☐ Have you notified the DMV? Website: [www.dmvnow.com](http://www.dmvnow.com). Phone (804) 497-7100
- ☐ Have you notified your new Virginia jurisdiction that you moved in? **If you moved to another state, please provide a title or registration from the new state.**

### Vehicle(s) Information:

1. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ VA Title # \_\_\_\_\_  
Vehicle I.D. Number (VIN): \_\_\_\_\_ COR PPID# \_\_\_\_\_
2. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ VA Title # \_\_\_\_\_  
Vehicle I.D. Number (VIN): \_\_\_\_\_ COR PPID# \_\_\_\_\_
3. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ VA Title # \_\_\_\_\_  
Vehicle I.D. Number (VIN): \_\_\_\_\_ COR PPID# \_\_\_\_\_

### Personal Information:

Social Security or Virginia DMV Customer I.D. Number: \_\_\_\_\_

Telephone: \_\_\_\_\_  
(Primary) (Office) (Cell)

Old Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Street)

New Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Street)

**\*\*If the new address is not located in the state of Virginia a copy of the vehicle NEW Title(s) must be provided.\*\***

By signing below, I, \_\_\_\_\_ certify that the above information is accurate.  
(Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*C.O.R. OFFICE Use Only\*\*\*\*\*

1. PPID #: \_\_\_\_\_ ☐ 2. PPID #: \_\_\_\_\_ ☐ 3. PPID #: \_\_\_\_\_ ☐ Staff Initials: \_\_\_\_\_